U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
Recht St.	LY BEFORE PREPARING THIS REPORT.
AUG 222005	
1. File Number U - SOCIG	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Michael Leicht	Name I.U.E.C. # 3
	Labor Organization File Number 026787
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4629 Quincy Street	Street 5916 Wilson Ave.
City St. Louis	City St. Louis
State Missouri ZIP'Code + 4:63116	State Missouri (* 1905) 1905 21P Code + 4 63110 - 2725
5. Position in labor organization. Recording Secretary	
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	And the second s
Service City	
State Supply Sup	
North Company of the Section of Association Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Michael M. Leight	on 15 aug 05 314-353-6216
	Date Telephone Number

Name of Person Filing Michael Leicht	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name National Elevator Industry Education Program Trade Name, if any: Elevator Constuctor P.O. Box, Bldg., Room No., if any Street 11 Larsen Way City Attleboro Falls State Massachusetts ZIP Code + 4 02763-1068 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.	
Name National Elevator Industry Education Program		
Trade Name, if any: Elevator Constuctor P.O. Box, Bldg., Room No., if any Street 11 Larsen Way		
City Attleboro Falls	11.b. Approximate dollar value of such dealing.	
State Massachusetts ZIP Code + 4 02763-1068	12.a. Nature of interest held or income received. Income derived from teaching	
	12.b. Amount. \$5,060	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State Missouri ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	